

Name
in
Full

CERTIFICATE OF DEATH

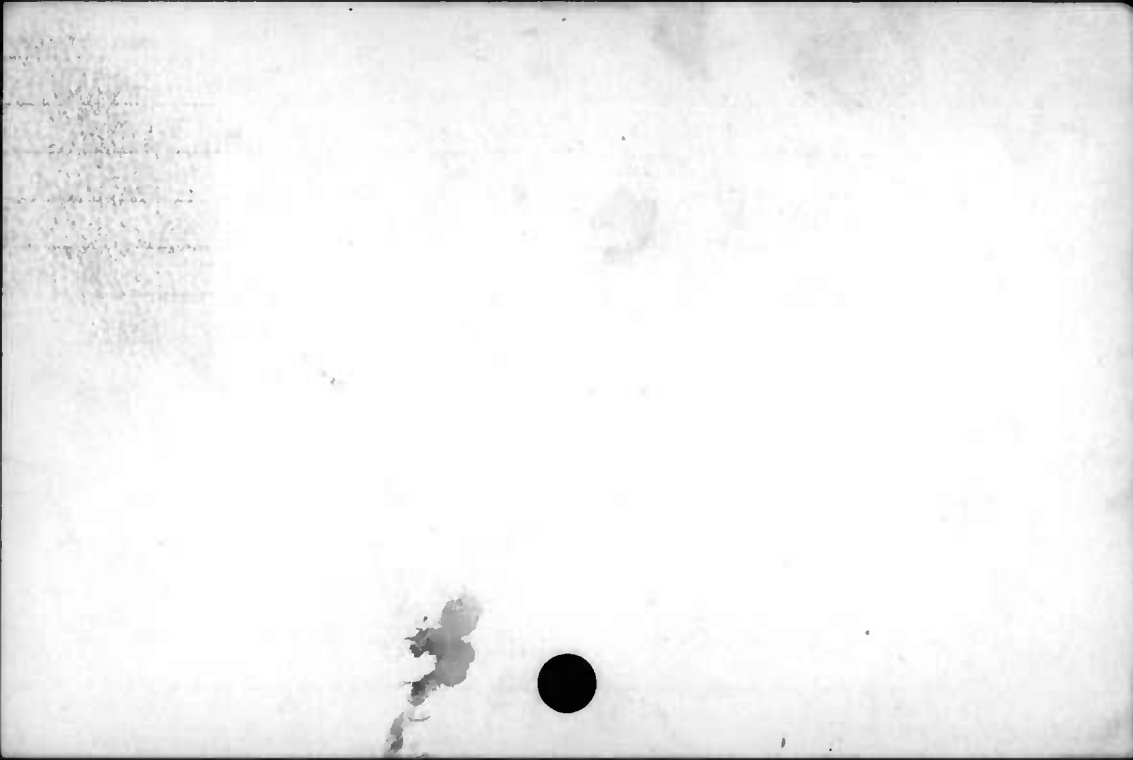
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Teressa Carpenter</i>		Town <i>Prigah</i>		County <i>Charles</i>		MARYLAND	
Died at		Month <i>8</i>		Day <i>3</i>		Years <i>13</i>	
Date of death 190 <i>3</i>		Age		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>md</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Jos. Carpenter</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Mary Grindler</i>				Mother's Birthplace <i>D.C.</i>			
Name of person giving in formation <i>Frederick J. Carpenter</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>		How long <i>Two Days</i>	
Immediate <i>Edema Lungs and Heart Organ</i>		How long <i>Life time</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. L. Cannon MD</i>	
<i>Yes.</i>		Address <i>Mason Springs md.</i>	
Accident or Suicide?			



Name
in
Full

Hattie Carroll

CERTIFICATE OF DEATH

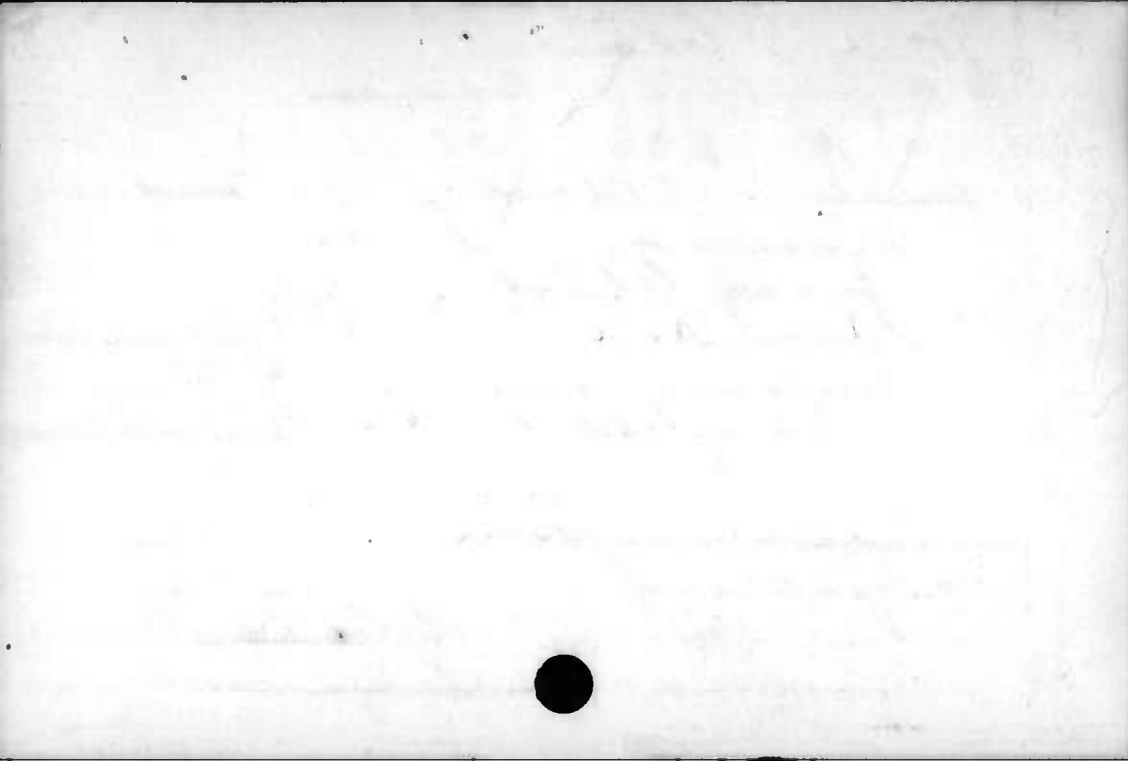
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wayzide</i> Town		<i>Cheselles</i> County		MARYLAND	
Date of death 190	<i>9</i> Month	<i>4</i> Day	Age <i>14</i> Years	<i>6</i> Months	<i>3</i> Days
Sex	<i>Single</i>	Color <i>Colored</i>	Birthplace <i>Maryland</i>		
Married, Single or Widowed	Occupation <i>Cook</i>				
Name of Wife or Husband					
Father's Name <i>Tom Carroll</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>A. J. Smith M.D.</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>typhoid fever</i>	How long	<i>1</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address	
Accident or violence?			



Name
in
Full

Mary J. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> ^{Town}		<u>Chesapeake</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>9</u>	Day <u>23</u>	Age <u>38</u>	Years <u>38</u>	Months <u>—</u> Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>Married</u>			Occupation		
Name of Wife or Husband <u>Jessy Clark</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Catherine Rie</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Jessy Clark</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Leucosarcoma</u>	How long <u>Unknown</u>
Immediate <u>Gynoid</u>	How long <u>Unknown</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. Chappelle</u>
	Address <u>Longview</u>
Accident or Suicide?	<u>Ind</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harry Demure* Town *Osage* County *Charles*

Died at *Osage*

Date of death 190 *3* Month *9* Day *11* Age *105* Years Months *3* Days *7*

Sex *Male* Color or Race *White* Birthplace *Maryland*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *John L Demure* Father's Birthplace *MD*

Mother's Maiden Name *Feliza E Wright* Mother's Birthplace *MD*

Name of person giving information *John L Demure* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Old Tuberculosis* How long *Life time*

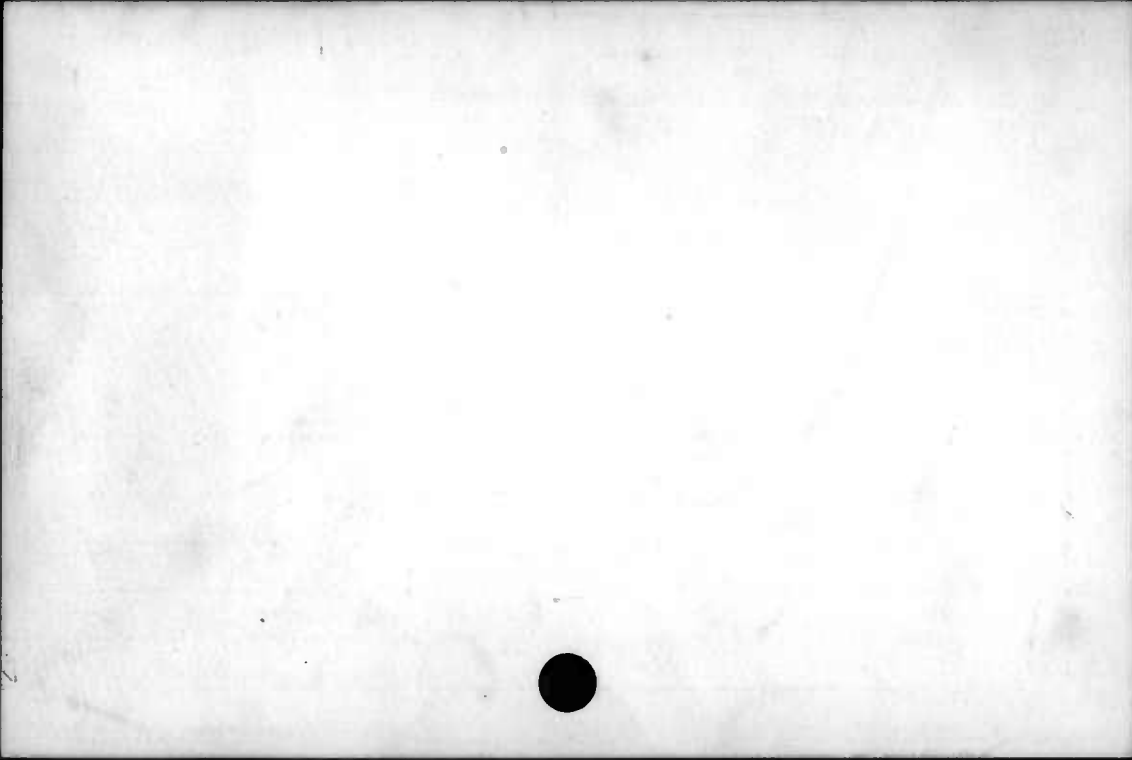
Immediate *Opium, Asthenia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John L Demure MD*

Address *Osage Springs*

Accident or Suicide? *MD*



Name
in
Full

Frank E. Edlin

CERTIFICATE OF DEATH

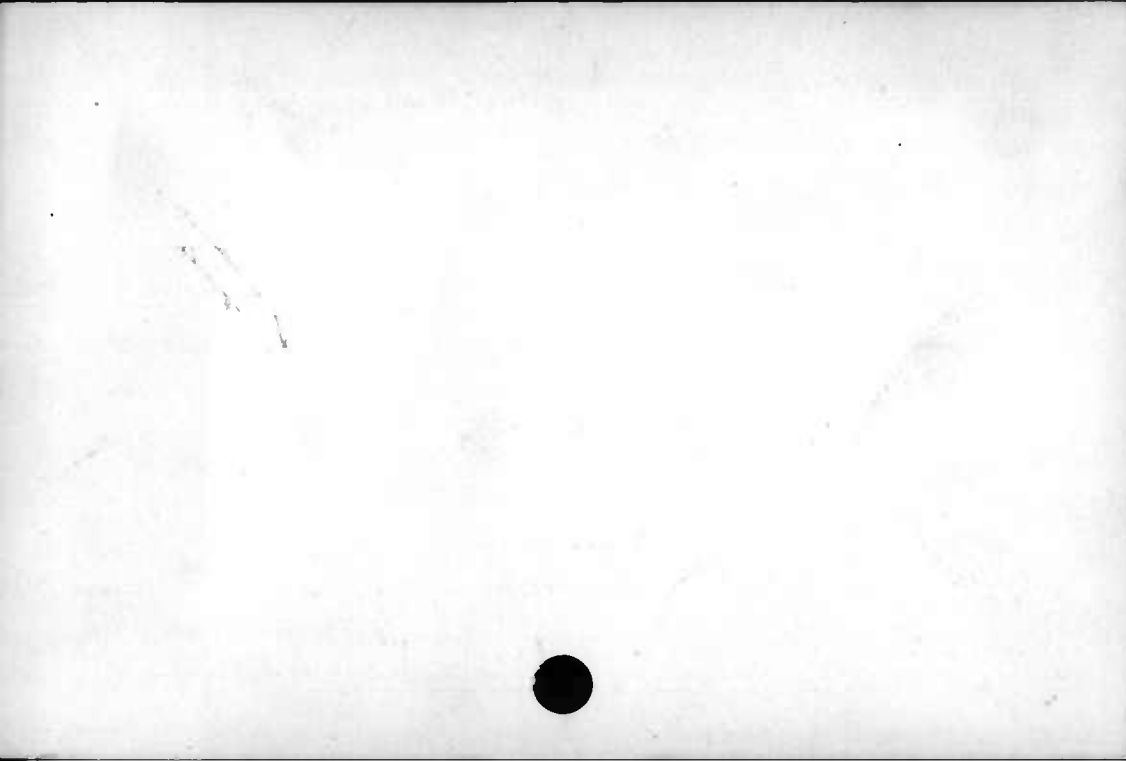
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waldorf</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>78</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>				
Married, Single or Widowed <i>Widower</i>			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>John G. Gifford</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long
Immediate <i>Heart failure</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. J. Morris</i>
	Address <i>Waldorf MD</i>
Accident or Suicide?	



Name
in
Full

Adam Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1903	Month	Sept	Day	14	Age	76
Sex	Male		Color or Race			Birth-place	Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			120.			Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Deafness	How long	—
Immediate	Heart & kidney disease	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		L. E. Leamer	
		Address	
		●	
Accident or Suicide?			



Name in Full

Certificate of Death

viola Hensley

Town

County

Pisgah

Charles

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

sept

4

Age

3

md

none

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

none

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Robert Hensley

Cordelia Smith

Cause of

Primary

How long sick

2 weeks

Death

Immediate

Cholera infantum

Accident, Suicide, Homicide

Reported by

Dr & Carpenter Undertaker

Address

Pisgah md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ida Rebecca Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		Sept-	7				21
Sex		Color or Race		Birth-place			
Male		Colored		Micinico			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Alec Hawkins				Charles			
Mother's Maiden Name				Mother's Birthplace			
Ida Hicks				Charles			
Name of person giving information				How related to deceased			
Ann Monroe				Grandmother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Not Known	How long	Since Birth
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Ann Monroe	
		Address	
		Micinico	
Accident or Suicide?			



Name in Full

Certificate of Death

William H Lawson

Town

County

MARYLAND

Died at

Cross Roads Charles

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Male

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

2 1/2 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Kate Lawson

Jno Edward Lawm

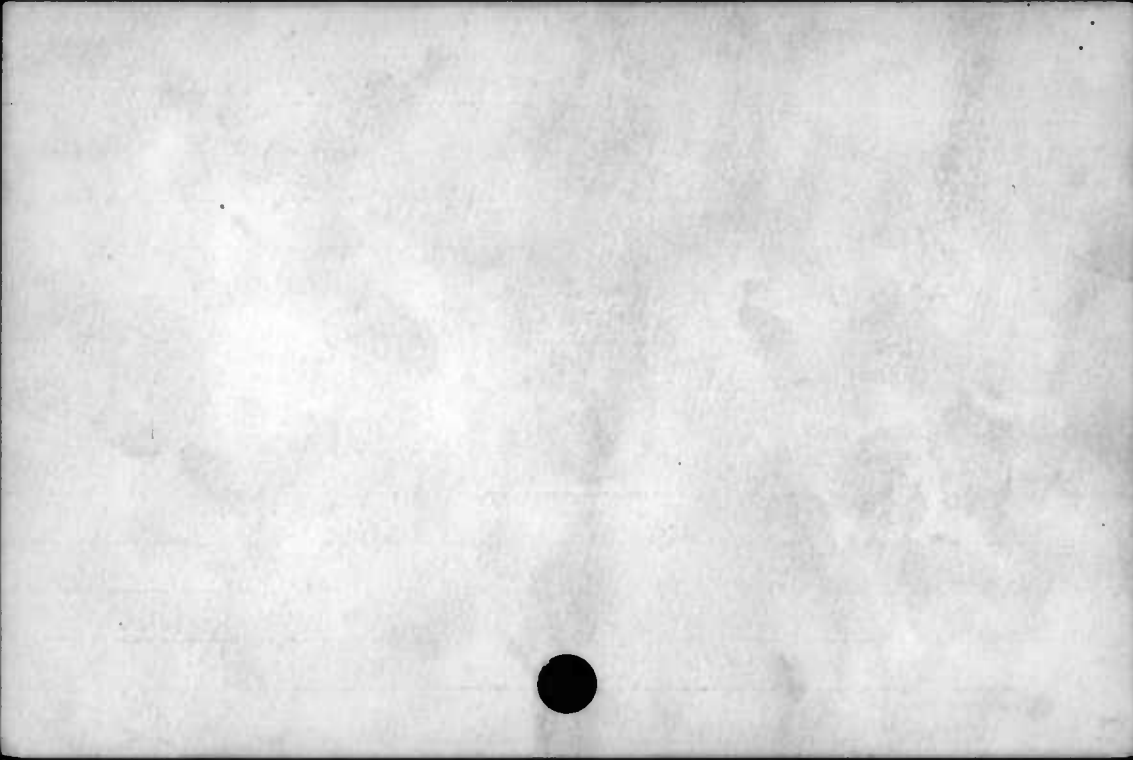
Nancy Pimbleton

From a blow on the head or result of the beatings

Francis E. Dunnington
Librarian of the Peace



Name in Full		Laura Hays Maddox				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Pisgah		County Charles		MARYLAND	
	Date of death 190	3	Month Sept.	Day 14	Age 29	Months	Days
	Sex	Female		Color or Race	Colored	Birth- place	Md
	Married, Single or Widowed	Married		Occupation Wife			
	Name of Wife Husband	Laura Hays Maddox					
	Father's Name	Wm F. Briscoe				Father's Birthplace	Md
	Mother's Maiden Name	Mr Elizabeth Boarnum				Mother's Birthplace	Md
Name of person giving In formation	Geo Briscoe				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Rapid Puerperal Septicemia				How long	10 days
	Immediate	Congestion of Lungs				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		D. L. Cannon		
	Yes		Address		Macon Springs Md.		
Accident or Suicide?							



Name
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Full

Levyuel H. Maddox

CERTIFICATE OF DEATH

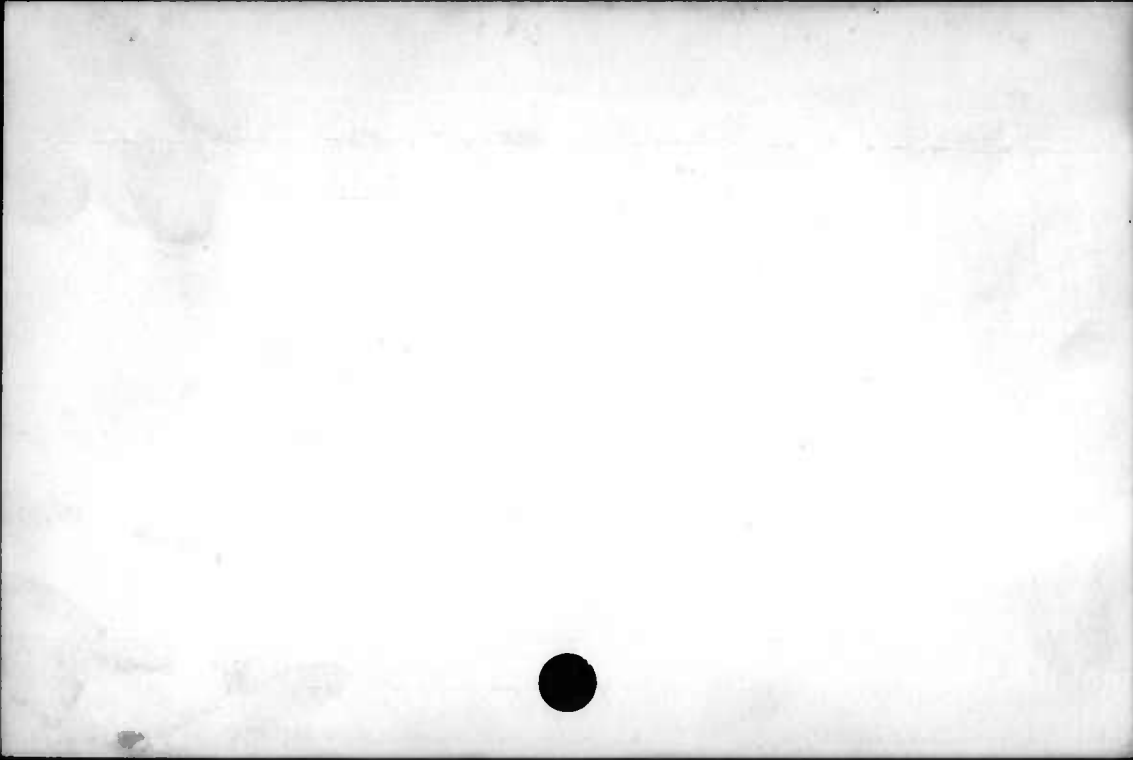
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Disgah		County Charles		MARYLAND	
Date of death 1903		Month 9	Day 10	Age 61	Months	Days	
Sex	male		Color or Race	White		Birth- place	Md
Married, Single or Widowed	Married		Occupation	Merchant			
Name of Wife or Husband		Sallie Milstead					
Father's Name	James Maddox				Father's Birthplace	Md	
Mother's Maiden Name	Amy Maddox				Mother's Birthplace	Md	
Name of person giving information		R. T. Clements				How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy		How long	9 days
Immediate	Congestion of lungs		How long	9 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Mason Springs		
		Md.		
Accident or Suicide?				



Name
in
Full

James Webster Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Sep</i> ^{Month}	<i>20</i> ^{Day}	Age <i>25</i> ^{Years}	<i>1</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>La Plata</i>		
M arried, Single or W idowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>Bazze Mathews</i>			Father's Birthplace <i>La Plata</i>		
Mother's Maiden Name <i>Catherine Young</i>			Mother's Birthplace <i>La Plata</i>		
Name of person giving information <i>Bazze Mathews</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmon.</i>	How long <i>1 year</i>
Immediate <i>Anemia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Spencer</i>
	Address <i>Bel Air, Md</i>
Accident or Suicide?	<i>Central Md</i>



Name in Full

Certificate of Death

Died at

Harry Rowell Ransom
 Town Port Deposit County Ches

MARYLAND

Date 1913

 Month Day
 Sept 5

Y.

M.

D.

Native of

Occupation

Age

- 2 -

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

 Father's
 Name

Mother's

Maiden Name

 Cause of
 Primary

How long sick

 Death
 Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
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Full

CERTIFICATE OF DEATH

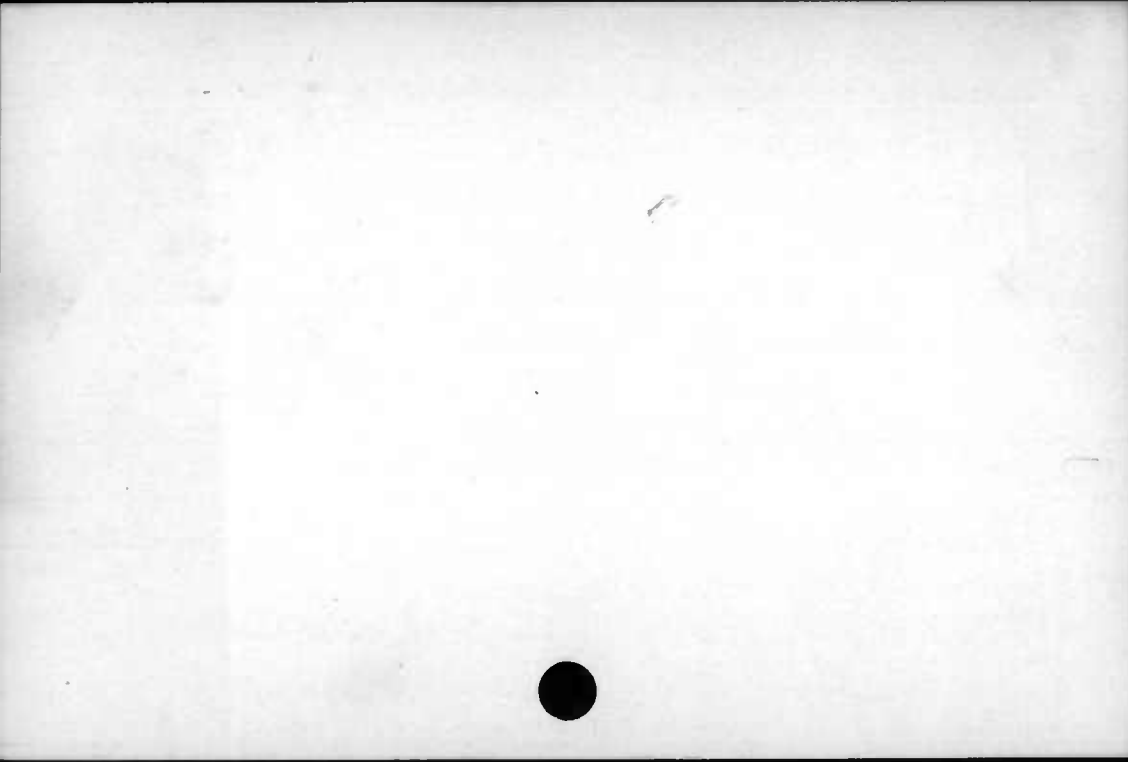
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bozrah</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>Sept</i> Day	<i>5</i> Years	<i>4</i> Months	<i>—</i> Days
Sex <i>Female</i>	Color or Race <i>collard</i>	Birth-place <i>Md.</i>			
Married, Single <i>single</i> or Widowed		Occupation <i>none</i>			
Name of Wife or Husband <i>none</i>					
Father's Name <i>Walter Smith</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Hattie Willis</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Hattie Willis</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Colo enteritis.</i>	How long <i>Two weeks</i>
Immediate <i>Cardiac Complications.</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. L. Harmon M.D.</i>
	Address <i>Mason Springs Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Ella Stuart -

Died at ^{Town} Walcott ^{County} Charles MARYLAND

Date 1903 Sept 20 Age 30 Y. M. D. Native of Ind Occupation Wife
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of James Stuart -
 Wife
 Father's Name Oct Brown

Mother's Maiden Name Maria Brown

Cause of Death { Primary Anfinement -
 Immediate Heart failure

How long sick

~~Accident, Suicide, Homicide~~

Reported by E. O. Brown

Address Walcott Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
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Full

CERTIFICATE OF DEATH

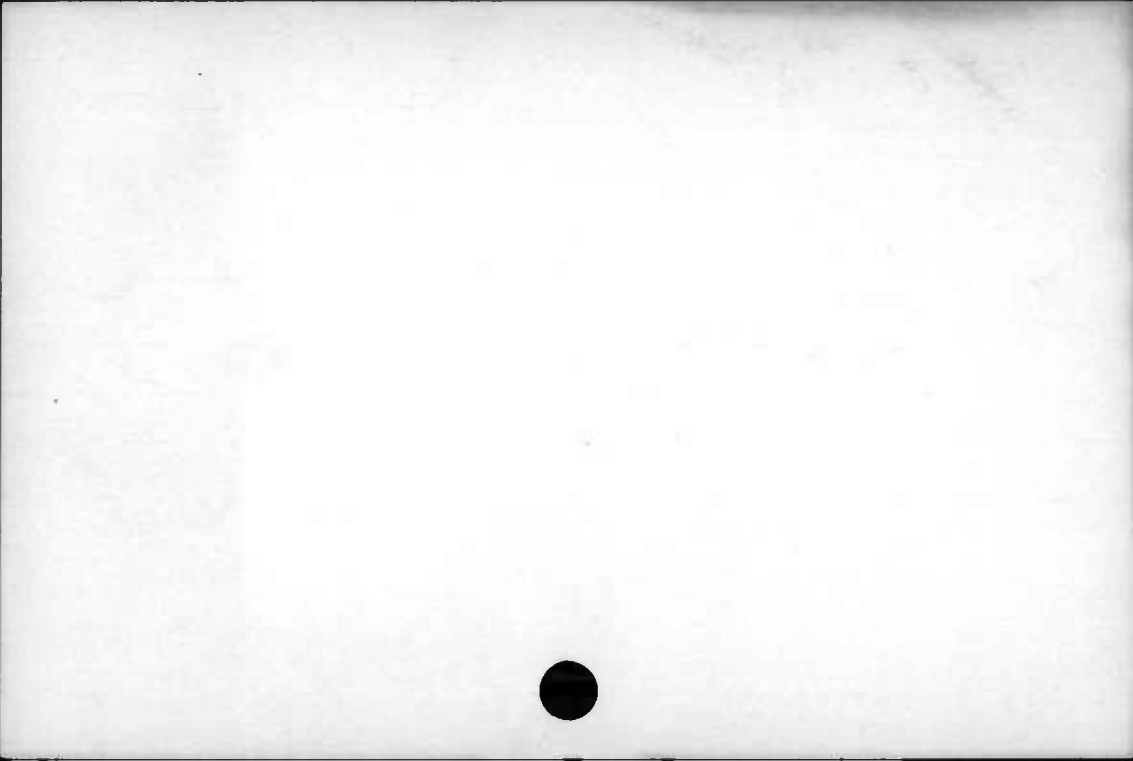
TO BE ANSWERED BY
NEAREST FRIEND

Died at		near ^{Town} Pisgah		^{County} LeCharles		MARYLAND	
Date of death 1903	Month September	Day 11	Age	Years	Months	Days	
Sex	Male		Color or Race	colored		Birth-place	Pisgah Md
Married, Single or Widowed	no			Occupation	none		
Name of Wife or Husband	none						
Father's Name	John H Swann				Father's Birthplace	Md.	
Mother's Maiden Name	Jennie Simmons				Mother's Birthplace	Md.	
Name of person giving information	John H Swann				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Born Free from	How long	still Born
Immediate	suppication	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. O. Carpenter Undertaker
		Address	Pisgah Md.
Accident or Suicide?			



Name
in
Full

Florence Smedden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pisgah</u> <small>Town</small>		<u>Charles</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	<u>9</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>27</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>C</u>	Birth-place <u>Ind</u>			
Occupation <u>Wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John T Smedden</u>				
Father's Name <u>Fredrick Jackson</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Florence Jackson</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Bro Andrew Smedden</u>	How related to deceased <u>B. in Law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Puerperal Eclampsia</u>	How long <u>5 days</u>
Immediate <u>Heart Failure</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. L. Hamon</u>
<u>Yes</u>	Address <u>Mason Springs Ind</u>
Accident or Suicide?	

